



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCC/154230

PRELIMINARY RECITALS

Pursuant to a petition filed December 09, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on January 02, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services correctly terminated the Petitioner's Badge Care Core benefits.

NOTE: The record was held open to give the agency an opportunity to review the Petitioner's medical records to see if he would meet the Medicaid deductible. The agency's response, dated January 7, 2013 has been marked as Exhibit 5 and entered into the record.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Yia Xiong, Income Maintenance Worker II
Milwaukee Enrollment Services
1220 W. Vliet St., Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.

2. On December 9, 2013, the agency sent Petitioner a notice indicating that his BadgerCare Core benefits would be ending, effective January 1, 2014, because he was determined to be disabled. (Exhibit 3, pgs. 16 and 17)
3. The Petitioner filed a request for Fair Hearing that was received by the Division of Hearings and Appeals on December 9, 2013. (Exhibit 1)
4. Petitioner has been determined to be disabled by the Social Security Administration and began receiving Social Security Disability Income (SSDI) in the amount of \$1049.00, effective December 2013. Beginning in January 2014, Petitioner's SSDI was increased to \$1064 per month. (Testimony of Petitioner; Exhibit 3, pg. 8 and Exhibit 4, pgs. 7 and 8)
5. Petitioner will not be eligible for Medicare benefits until May 2014. (Exhibit 3, pg. 8)
6. Petitioner is not financially eligible for Medicaid, but can become eligible if he meets a deductible. Petitioner's Medicaid deductible of \$2,713.98 has not been met. (Exhibit 5)

DISCUSSION

According to the agency, it terminated the Petitioner from the BadgerCare + Core plan, because he was determined to be disabled. As authority for its actions, the agency cited the BadgerCare+ Eligibility Handbook §43.2. However, according to that same section, under the paragraph Other Programs, "A disabled individual who is not yet entitled to Medicare benefits can be enrolled in the Core Plan if s/he has an unmet EBD Medicaid deductible or was determined ineligible for EBD Medicaid due to excess assets." *BadgerCare+ Eligibility Handbook §43.2*.

In the case at hand, Petitioner is not eligible for Medicare until May 2014. In addition, Petitioner has an unmet EBD Medicaid deductible. Consequently, he was and still is eligible for coverage through the BadgerCare+ Core Plan.

Petitioner should note, however, that the BadgeCare+ Core Plan will end on March 31, 2014. So the Petitioner might have a one-month lapse in coverage between the ending of BadgerCare+ Core on March 31, 2014 and when his Medicare benefits kick in, in May 2014. Core Plan members who are at or below the new income limit of 100% FPL for adults (\$957.50 for a household of one) will be automatically enrolled in the BadgerCare Plus Standard Plan on April 1, 2014.

Members who are above the new income limits for BadgerCare Plus in 2014 should apply for private health insurance through the federal Health Insurance Marketplace before March 31, 2014.

There are several ways individuals and families can apply for private health insurance through the federal Health Insurance Marketplace:

- Online at Healthcare.gov
- Phone: Call 1-800-318-2596, 24 hours a day, 7 days a week (TTY: 1-855-889-4325). A customer service representative can help complete the application
- Mail: Fill out a paper application. The application can be found online at Healthcare.gov.
- In Person: There are navigators, Certified Application Counselors (CACs), agents and brokers who can help individuals and families apply for health insurance through the Marketplace. Enrollment for Health Wisconsin has a list of certified navigators, CACs, agents, brokers, and other public benefits assisters on its website at e4healthwi.org.

See <http://www.dhs.wisconsin.gov/health-care/member/plan.htm>

CONCLUSIONS OF LAW

The agency incorrectly terminated the Petitioner's BadgerCare+ Core plan benefits effective January 1, 2014.

THEREFORE, it is

ORDERED

That the agency reinstate Petitioner's BadgerCare+ Core benefits, effective January 1, 2014 until the program ends on March 31, 2014 or until Petitioner meets the EBD Medicaid deductible, whichever occurs first. The agency shall take all necessary steps to complete this task within ten days of this decision.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

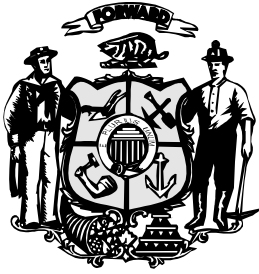
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 14th day of January, 2014.

\sMayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 14, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability